

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
70 Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Chesapeake Operating, Inc. P. O. Box 18496 Oklahoma City, OK 73154-0496		OGRID Number 147179
		Reason for Filing Code NW
API Number 30 - 0 25-33776	Pool Name NE Shoe Bar-Strawn	Pool Code 96649
Property Code 20074	Property Name BUS BARN 4	Well Number 1Y

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
T	4	16S	36E		2190	South	870	West	LEA

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
<i>X M</i>	4	16S	36E		<i>2181 2980</i>	South	<i>837 797</i>	West	LEA
Lee Code P	Producing Method Code	Gas Connection Date <i>9-19-97</i>	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
138648	Amoco Pipeline ICP 502 Northwest Avenue Levelland, TX 79336	2819780	O	Sec 4, 16S-36E 2190' FSL & 870' FWL Lea Co., NM
<i>024650</i>	Warren Petroleum Co., LTD Partnership P.O. Box 1689 Lovington, NM 88260	<i>2819781</i>	G	Same

IV. Produced Water

POD	POD ULSTR Location and Description
2819782	

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
08-19-97	09-17-97	12,284'	-	-
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	
17-1/2"	13-3/8"	448'	500	
11"	8-5/8"	4,200'	1500	
7-7/8"	5-1/2"	12,168'	1440	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
09-17-97	09-19-97	09-17-97	24 hrs.	375#	0
Choke Size	Oil	Water	Gas	AOF	Test Method
20/64"	211	8	391	NA	F

"I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Barbara J. Bale*

Printed name: Barbara J. Bale

Title: Regulatory Analyst

Date: 09-20-97 Phone: (405) 848-8000

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

Title:

Approval Date: *SEP 29 1997*

"If this is a change of operator fill in the OGRID number and name of the previous operator.

Previous Operator Signature

Printed Name

Title

Date

12.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)	47.	The previous operator's name, the signature, printed name, and title of the previous operator's representative, authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report	13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift MO/D/A/Y/R that this completion was first connected to a gas transporter	14.	The permit number from the District approved C-129 for this completion	15.	MO/D/A/Y/R of the C-129 approval for this completion	16.	MO/D/A/Y/R of the expiration of C-129 approval for this completion	17.	The gas or oil transporter's OGRID number	18.	Name and address of the transporter of the product	19.	The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.	20.	Product code from the following table: O Oil G Gas	21.	
IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT																					
Report all gas volumes at 15.025 PSIA at 60°.																					
Report all oil volumes to the nearest whole barrel.																					
A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.																					
All sections of this form must be filled out for allowable requests on new and recompleted wells.																					
Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.																					
A separate C-104 must be filed for each pool in a multiple completion.																					
Improperly filled out or incomplete forms may be returned to operators unapproved.																					
Operator's name and address																					
Operator's OGRID number. If you do not have one it will be assigned and filed in by the District office.																					
Reason for filling code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (include volume requested) If for any other reason write that reason in this box.																					
The API number of this well																					
The name of the pool for this completion																					
The pool code for this pool																					
The property code for this completion																					
The property name (well name) for this completion																					
The well number for this completion																					
The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OGD unit letter.																					
The bottom hole location of this completion																					
Lease code from the following table: F Federal S State P Fee J Judicial N Navajo U Ute Mountain Ute I Other Indian Tribe																					
The producing method code from the following table: F Flowing P Pumping or other artificial lift																					
MO/D/A/Y/R that this completion was first connected to a gas transporter																					
The permit number from the District approved C-129 for this completion																					
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Name and address of the transporter of the product																					
The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.																					
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